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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875					Application or Docket Number		
APPLICATION AS FILED - PART (. (Column 1) (Column 2) SMALL ENTITY					OTHER THAN OR SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA	RATE (3)	FEE (\$)	RATE (8)	FEE (\$)	
BASIC FEE (87 CFR 1.16(a), (b), or (c))							
8EARCH FEE (37 CFR 1,16(k), (), or (m))		·					
EXAMPATION FEE (37 OFR 1.18(0), (p), or (q))						,	
TOTAL CLAIMS (37 CFR 1.18(1))	minus 20 w	•	x25 -	OR	×50 =		
INDEPENDENT CLAIMS (37 CFR 1.16(N))	mbus 8 =	•	x/00 =	• • • • • • • • • • • • • • • • • • •	×200 =		
# the specification and drawings exceed 100 sheets of paper, the application size fee due to \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.18(II)),			180		360		
* If the difference in column 1 to less than zero, enter "O" in column 2. TOTAL						,	
APPLICATION AS AMENDED - PART II 6 U 0 7(Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY							
₹ RE	MAINING AFTER PI ENDMENT	HIGHEST NUMBER REVIOUSLY PAID FOR	RATE (\$)	ADDI- TIONAL FEE (\$)	RATE(\$)	ADDI- TIONAL FEE (\$)	
Total profer 1,1660	Minus "	8 1	25-	OR	x50 =		
or offe 1,1440 Independent Or offe 1,1440 Application Size Fee	3 Minus ***	4 17	×100 -	OR	×200-		
						/	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II))				OR	300		
71910	7		ADD'L FEE	ÖR ÖR	TOTAL ADD'L FEE		
	olumn 1) CLAIMS	(Column 2) (Column 3)	1 [/ 		/ · · · · · · · · · · · · · · · · · · ·	·	
<u> </u>	AFTER PI	NUMBER PRESENT EXTRA	PATE (\$)	ADDI- TIONAL FEE (\$)	RATE (\$)	ADDI- TIONAL FEE (\$)	
Total Corona (1.160)	Minus **	281.	,25.	OR	×50 -		
W	2 Minus ·	4.	x/00.	OR	×200,		
Application Size Fee (37 CFR 1.16(s))							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM: (37 C/R 1.16(1))					000	•	
			TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	. :	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 29 enter "20". *** If the Highest Number Previously Paid For" IN THIS SPACE is less than 8, enter "3".							

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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